

| POSITION                  | INITIALS | ID NO. | DATE   |
|---------------------------|----------|--------|--------|
| FEE DETERMINATION         | BT       |        | 3-9-00 |
| O.I.P.E. CLASSIFIER       |          | 15     | 5/5/00 |
| FORMALITY REVIEW          | CM       | 71632  | 5/3/00 |
| RESPONSE FORMALITY REVIEW |          |        |        |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 +/- ..... Restricted      O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
| 2              | ✓    |
| 3              | ✓    |
| 4              | ✓    |
| 5              | ✓    |
| 6              | ✓    |
| 7              | ✓    |
| 8              | ✓    |
| 9              | ✓    |
| 10             | ✓    |
| 11             | ✓    |
| 12             | ✓    |
| 13             | ✓    |
| 14             | ✓    |
| 15             | ✓    |
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| Claim          | Date |
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| Final Original |      |
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| Claim          | Date |
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| Final Original |      |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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